

## BIBLIOGRAPHICAL NOTICES.

ART. XIII.—*Proceedings of American Medical Societies*:—

1. *Proceedings of the South Carolina Medical Association, at the Extra Meeting in Columbia, July 5, 1854, and of the Annual Meeting in Charleston, Feb. 5, 1855.* 8vo. pp. 104.
2. *Transactions of the South Carolina Medical Association, at the Extra Meeting in Greenwood, July 18, 1855, and at the Annual Meeting in Charleston, Feb. 6, 1856.* 8vo. pp. 54.
3. *Transactions of the Sixth Annual Meeting of the Medical Society of the State of North Carolina, held at Salisbury, N. C., May, 1855.* 8vo. pp. 40.
4. *Transactions of the State Medical Society of New York, at its Annual Meeting, Feb., 1856.* 8vo. pp. 254.
5. *Proceedings of the Convention and of the Medical Society of California, held in Sacramento, March, 1856.* 8vo. pp. 36.

1. THE proceedings of the Medical Association of South Carolina evince a laudable anxiety on the part of its members to cultivate assiduously the field of observation within their respective circles of practice, and to present the result of their labours as a contribution to the common fund of medical knowledge.

The communications presented at the several meetings of which the volumes before us comprise the *Transactions*, are replete with practical details of great interest and value. To a few of them, it may, perhaps, be objected, that too much space and prominence are given to disquisitions of a purely theoretical character. It is very certain that the chief value of the contributions made to the several State and County Medical Societies, throughout our country, will be in proportion as they present a faithful record of the personal experience and observations of the physicians of each locality, in reference to its prevalent diseases—their character, progress, terminations, and treatment, compared with the topographical peculiarities of the locality; the season at which the diseases were severally observed; the meteorological phenomena that preceded and attended their occurrence; the general character of the population—its pursuits, habits, and condition—and, especially, of that portion of it which appeared to be the most predisposed to suffer from the endemics of the place, or from any epidemic with which it may have been visited. It is only from a series of observations of this character, carefully recorded, year after year, that we are to derive the materials to serve as the basis for a correct natural history of diseases—embracing their etiology, characteristics, progress, and terminations—and from which may be constructed satisfactory views of their pathology, prophylaxis, and therapeutics.

The first communication comprised in the proceedings of the South Carolina Association is on *typhoid dysentery*, by Dr. R. W. Gibbes.

Dr. G. commences with the remark, which has also been made by other physicians, that typhoid disease has, of late, greatly increased in the State, though the mortality from it has been less than in the Northern States.

"Within twenty years," he remarks, "typhoid pneumonia has extended in all directions, and may now be found in all localities, and at all seasons. In the early part of my practice, I well remember, that for eight or ten years I never saw a case on a high land plantation, nor at any season than winter, while there has been a gradual extension from the swamps and creeks, where I had patients by hundreds, to the driest and most salubrious uplands, and to the town, in all sorts of weather, even in the midsummer heat, or the pleasant time of spring and autumn. We have yet to learn what is the cause of this and its kindred disorders. As so many different localities are affected, with

every variety of soil and cultivation, the greater probability is that atmospheric influence is more concerned in their production and propagation, than an emanation from the soil. Possibly electrical changes in the air and the earth have a more important influence than is usually allowed, while diet and habits of life are also to be considered."

Dr. Gibbes gives the following as the characteristic symptoms of typhoid dysentery:—

"It comes on with symptoms of depression and debility, not accounted for by a looseness for a day or two, with small discharges of bloody mucus, and a substance resembling a mass of brain and blood beat together; florid at first, but soon acquiring, in bad cases, a bluish appearance, reminding one of a mass of placenta. There is but little fever, and, in the worst cases, none; that is, heat of skin and increase of force in the pulse; where this is the case, I consider the disease less dangerous; the pulse is quick but soft and relaxed, as in typhoid pneumonia, the breathing is but little disturbed. Usually, in the worst cases, the skin is soft and cool, often moist or damp, with a paleness or leaden aspect. The tongue is but slightly changed; in some cases covered with a whitish fur, generally broad and flat, and not more red than usual. In no case have I seen the sharp-pointed, acute, intensely red, raw beef-looking tongue, of acute inflammatory dysentery. The irritability of the rectum is very great, with distressing tenesmus, with twelve to twenty stools in twenty-four hours. In some cases there is persistent irritability of stomach during the whole course of the disease, in others, a soreness and pain in the iliac region, intense at times, but not always present. After a few days, tormina from flatus is a distressing symptom."

Nothing is said as to the average duration of the disease nor the mortality produced by it, and in regard to the treatment which was found most successful in its management, we are left to draw our conclusions from the history of three cases which are presented somewhat in detail. The principal remedies employed in these were opiates, astringents, and stimulants, with the oxide of silver and a milk diet. In children, Dr. G. states, that he has found the disease readily controlled by enemata of *nit. argent.* 10 grs. to one ounce of water, repeated every third or fourth hour, with the *oxid. argent.* and opium by the mouth. In some protracted cases he has given, with advantage, the tincture of cantharides, which is a favourite remedy with his friend, Dr. Trezvant, in cases attended with depressed nervous energy. In all his cases Dr. G. gave, freely, mint-toddy or port-wine negus, with solutions of gelatin, chicken-broth, or milk, for diet; articles, he remarks, presenting more nourishment in less compass than vegetable food, and of a kind more easily digested.

The three cases, the histories of which are given in the communication before us, were, we are told, the only fatal ones seen by Dr. G., but as no mention is made of the entire number of cases treated by him, the statement affords us no clue to the general mortality of the disease.

The next paper is entitled a "*monograph*" on *typhoid fever*, by Dr. J. McF. Gaston, of Columbia, S. C. As this monograph purports to present facts and deductions in reference to the particular form of disease of which it treats, derived from the personal experience of the writer, it is necessarily one replete with no trifling amount of interest. Disregarding the theoretical disquisitions to which so large a portion of the paper is devoted, we shall endeavour to give a brief account of such parts of it as have a direct practical bearing.

After noticing the tendency to an increased typhoid character in the diseases of his vicinity, Dr. Gaston remarks, that he recognizes typhoid fever as an essential or primary affection—the several local lesions occasionally found associated with it—whether of the intestines, brain, or lungs, etc., being viewed by him as purely secondary or symptomatic.

Premising a general history of the proper characteristic phenomena of typhoid fever, Dr. G. proceeds to describe several types of the disease, "not specially" coming under the general description, and, "perhaps, not included in the history of symptoms usually given in books of practice."

The first of these types is a fever of low grade, with hot and dry skin; without disturbance of the brain or bowels; with the peculiar typhoid pulse, of only

moderate acceleration. The distinctive features of the pulse of typhoid fever, Dr. G. describes as a peculiar, quick, jerking movement of the artery when compressed by the finger. Without this peculiarity of pulse all the other symptoms, usually enumerated in connection with the disease, may be present, without, in the estimation of Dr. G., constituting a case of genuine typhoid fever; but, with this manifestation of irritability in the systolic and diastolic action of the heart, he would recognize the fever were all other traits undeveloped.

"It is, then," he adds, "with such a pulse as this—quickness, independent of frequency—a jerking propulsion of the blood with a perceptible cessation between the pulsations, however frequent, and, at the same time, a fixed uniformity, without much tension or force, that I associate the idea of typhoid fever. When a hot dry skin is associated with this description of pulse of moderate frequency, and *yet without any special local determination*, it must be classed as typhoid fever, and, accordingly, I include it, although differing from the ordinary acceptance of the books. This may progress, and the patient scarcely be confined to bed. A listless, languid, good-for-nothing impression is felt, or there may be a lively appreciation of surrounding scenes, and more than ordinary loquacity, connected with a restless activity of body, but inability to undergo much labour or exercise, without great fatigue and prostration. Both these conditions will be found associated with an abnormal state of the nervous system, and dependent on debility, or want of proper action in the cerebro-spinal centre."

This Dr. G. regards as the primary type of typhoid fever. The second type is one in which the surface of the body, and especially the extremities, is below the natural temperature, and dry; with a pulse decidedly small, feeble, and frequent; stupor; torpid bowels; dark brown, coated tongue, with red edges and tip. The disease apparently verging upon a malignant condition.

A third type is that in which bilious remittent fever, early in the attack, verges gradually into a continued form, and the tongue becomes red at its edges and tip, and covered on its upper surface with a dry brown fur. This form of fever, Dr. G. holds, must be regarded, both as to its pathology and treatment, as genuine typhoid fever; the difference in origin not necessarily constituting a difference in the nature of the pathological condition produced.

Dr. G. confesses his inability to throw any light on the etiology of typhoid fever. It occurs, he remarks, on the plains and in the valleys; amid the highest mountain settlements, and in the boggy marshes; in well-ventilated apartments, and in narrow confined cells; among well-fed luxurious men of leisure, and the robust plain living labouring classes; in males and females, whites and blacks. And yet, when once developed, we know that it is aggravated by certain conditions and mitigated by others, which is a circumstance of great practical importance in reference to its treatment. Dr. G. does not consider the disease contagious, though he believes it may become, in some instances, infectious, by the accumulation of morbid secretions and a vitiated atmosphere about the person of the patient.

The author's views of the pathology of typhoid fever are not very clearly or fully expressed. He would appear to consider the disease as the effect of some depressing influence, the primary action of which is upon the cerebro-spinal axis, from whence he traces the depression of nervous energy characteristic of the premonitory stage.

"We are thus enabled," he remarks, "to afford a rational explanation of the whole train of disturbances, and to apply a treatment which will obviate any serious result in most instances. This may be reckoned an hypothesis, but, if it be one which meets all the conceivable forms of the disease, and which proves itself in practical results, it must strengthen our belief in its correctness. I am aware that some abstruse allusions to the connection of this fever with the ganglionic system have been presented to the public. But, the symptoms presented at the outset of the disease are undoubtedly those of general nervous depression, afterwards of irritation, and subsequently prostration, and in referring them to the cerebro-spinal axis as a source, I am but pursuing a natural channel of association."

In proceeding to the treatment of typhoid fever, Dr. G. considers the remedial measures as they are adapted to, 1st, the premonitory stage; 2d, the stage of development; 3d, the progressive stage; 4th, the decline; and 5th, the convalescence.

In the first stage, he trusts mainly to a solution of bicarbonate of ammonia in gum-water, administered every hour or two during the day, with a Dover's powder at night to insure rest. Other stimulants, he remarks, may, doubtless, be used with advantage, but the carbonate of ammonia is the article he has relied upon in the premonitory stage, and it is with much confidence he recommends its use at this period of the disease.

In the second stage, when the disease has become fully developed, any attempt to arrest the course of the disease will be futile, but we must look for its continuance for a period of perhaps twenty-one days, or even longer. During this period, Dr. G. proscribes bloodletting, whatever may be the apparent indication for its employment; active purgatives, however torpid the bowels; all nauseating and relaxing remedies; the constitutional effects of mercury to the extent of producing salivation; the discharge from a blistered surface, even when counter-irritation may be demanded; and, in short, everything that can have a tendency to lower the vital energies of the patient.

The treatment recommended is careful and assiduous nursing; the abstraction of the patient from all depressing influences, moral and physical; the moderate and cautious administration of stimulants; and a farinaceous, well-regulated diet. When there is bilious complication, Dr. G. directs blue mass, with Dover's powder, assisted, if necessary, in its operation by a gentle enema given next day. When costiveness is present, he gives castor oil, combined with spirits of turpentine. Cooling applications are directed to the head. When there is abdominal distension, attended with tenderness on pressure over the right ilio-cæcal region, benefit will be derived from frictions to the part with camphorated spirits of turpentine. When the tongue is dry, red, and glazed, the best remedy will be spirits of turpentine, in small doses, internally, combined with camphorated tincture of opium and gum Arabic. When diarrhoea occurs, it is to be checked by the acetate of lead and opium by the mouth, and, as an enema, incorporated with starch. As a stimulant and tonic, Dr. G. employs quinia in this stage of the disease, giving it in the dose of from half a grain to a grain, two or three times in the day. In the abortive practice, by the employment of large doses of quinia, at short intervals, he has no confidence; he has tried it faithfully and courageously, but with only partial success in any case.

About the ninth day a crisis usually occurs, and the disease then assumes a milder or a more aggravated character. In the first case a gentle stimulus, such as cracker panada, with the addition of sound Madeira or Port wine, and the maintenance of the bowels in a regular condition by enemata of corn-meal gruel, is the chief treatment that will be required. But if the disease augments in violence, more active stimulation will be demanded. "It is a matter of much consequence," Dr. G. remarks, "to be regular in the administration of stimulants at this stage of typhoid fever. The condition of the patient should determine the times and quantities, and the increase should be made as the prostration ensues, with the progress of the disease.

"If cerebral disturbance persists, in the progressive stages, a blister to the scalp, as a counter-irritant, will sometimes prove advantageous. But the indications of inflammation should be very positive to justify its application, as the mere functional disturbance will not be relieved by this mode of treatment, and may be aggravated. It is better to err on the safe side, and dispense with it in a doubtful case. I have seen uneasiness and jactitation, with a peculiar stare, and contracted state of the muscles of the face, giving an unnatural expression of countenance, entirely relieved by a free administration of brandy. These symptoms are frequently thought to be connected with inflammation of the brain, but they are really the result of nervous depression, the want of a due excitement of the brain; and when the equilibrium is restored by the influence of the stimulant, the patient becomes composed, and all the functions are performed with greater harmony."

The patient should be properly nourished. Dr. G. prefers, as a general rule, farinaceous articles, reduced to a fluid consistency. When the bowels are not disturbed, ripe fruits may be allowed, and mucilaginous drinks. Large draughts of water, iced or otherwise, have been invariably found to do harm.

"In the progress of typhoid fever, it is essential that the sick-room should be freely ventilated, and that everything about the bed and person of the patient be often changed for dry, fresh, and clean articles. The skin should be cleansed with soap and water every two days, and rubbed with a coarse towel afterwards, until a glow is established on the surface. All the changes of apparel, and the removals from bed, should be attended to by the nurse, with competent assistants, and the effort to do even slight things should be prevented, as the strength of the patient is more apparent than real."

"As the fever begins to decline, the husbanding of the strength is demanded by every means we can avail ourselves of. The patient must not be allowed to sit up too soon. Profuse sweating must be restrained by frictions with dry flannel, on which may be dusted a small quantity of powdered mustard and alum. Coolness of the extremities may be obviated by sinapisms to these parts, or to the spine. Moderate but adequate stimulation is still demanded, with a carefully regulated diet. Dr. G. prefers the use of farinaceous articles until the fever has nearly disappeared, and the appetite has become strong, when he gradually introduces the animal juices, and the more tender articles of a solid kind.

"At the close of the regular course of the fever, exacerbations sometimes occur in the afternoons, or perhaps without much uniformity as to time or frequency. We may give the quinia in the intervals to encourage this tendency, and continue it, in small portions, three or four times a day, as a tonic. Should night-sweats be present, the elixir vitriol may be added to the quinia, and given in conjunction with Port wine. The paroxysms will usually yield under this course, and the patient will forthwith enter upon the stage of convalescence." "A stimulant, with proper attention to diet, is important for a considerable period after the fever has disappeared. Brandy, Port-wine, or Madeira may be used, but Dr. G. has found good French brandy most reliable in this debilitated condition."

We have given, above, a brief outline of the views of Dr. Gaston in relation to the nature and treatment of typhoid fever. For details we must refer to the paper itself, which is well deserving of an attentive perusal. It is true, in many of his opinions, the author is very far from being orthodox, and employs the term typhoid fever in a much wider, though we think more correct sense, than that which has been given to it of late years. The typhoid fever of Dr. G. embraces a form of febrile disease, which, with various important modifications, has, within a short time past, rapidly increased in prevalence throughout the United States. Of this form of fever the monograph before us will be found to furnish a very interesting, though by no means complete account.

As a kind of appendix to the foregoing paper, Dr. Gaston presents some remarks on the criterion for the employment of stimulants.

The proper employment of stimulants as a therapeutic agent, the particular circumstances under which a resort to them is demanded, the extent to which they must be pushed, in any given case, in order that the favourable results they are adapted to produce may be obtained, and the indications for their discontinuance, are questions of no trifling importance, but in relation to which there is a great want of unanimity of opinion among medical practitioners. Even as to the indications for the fulfilment of which a resort to them is demanded, there is little or no agreement among our most authoritative therapeutists. Dr. G. believes that he has discovered a positive and unerring criterion by which the propriety or impropriety of the employment of stimulants in the treatment of disease may be decided. This criterion is the condition of the circulation in the capillaries of the surface, which he supposes to be an index of the condition of the capillary circulation throughout the body.

If the colour of the skin, at a point where pressure has been applied by the finger, is slow in returning, it indicates a want of tone in the capillaries of the

surface, and, as Dr. G. infers, of the rest of the system, calling for a resort to stimulation, in proportion to the deficiency of tone thus indicated.

"It is not," he remarks, "when the general cutaneous surface presents the most florid appearance that the lancet is best practised; nor is it when the skin is wanting in colour that I would suggest stimulants. But, in either condition, there may be a debility, indicated by a torpor of the capillaries, when pressure is made by the end of the finger, and under such circumstances, I think, we will rarely be disappointed in resorting to a stimulant. Thus, we are not left to judge of the force, fulness, or frequency of the pulse, nor are we compelled to resort to tentative measures, of very doubtful propriety, but all may be satisfactorily determined, in the majority of cases, by a particular examination of the state of the capillary circulation."

Dr. G. wishes it to be distinctly understood that this criterion for the employment of stimulants has not been sufficiently established by observation to enable him to give any positive assurance as to its results. The subject is open for investigation, and he trusts that others will prove its importance in the treatment of all diseases to which stimulants are applicable.

"This test for the application of stimulants," he adds, "appears simple, but it will require much careful comparison of the healthy with the diseased, of the strong with the weak, and much discrimination between diseases themselves, and their tendencies, to render it useful as a diagnostic. It will require judgment to profit by it in the way proposed, and yet I trust that all these difficulties may be overcome, and that it may prove an adjuvant to other means of discrimination, if not a complete index to the condition of the vital forces."

On *typhoid pneumonia*, by Dr. R. S. Bailey, of Charleston. This paper is occupied, chiefly, by the history of two cases of the disease, to which are appended a few practical remarks.

The succeeding paper is an account of *epidemic dysentery*, as it appeared in the districts of Chester and Lancaster, S. C., during the years 1853-54, by Dr. Mobley, of Lancaster.

This communication is one of considerable interest and value. We regret, however, that the author has neglected to notice any of the circumstances observed during the epidemic of which he is the historian, calculated to throw light upon the etiology of dysentery, and that he has furnished no statistics showing the number of cases observed, the class, age, sex, and colour of the persons attacked, and the amount of mortality produced by the disease.

After very full details of the treatment pursued in the several types under which it presented itself in different cases, Dr. M. remarks:—

"But the most important agent in the treatment of this epidemic, the remedy *par excellence*, was opium, without which all our efforts to control the disease would have been fruitless. I am persuaded that others have confined themselves too much to the doses prescribed by custom, and have dreaded too much the poisonous effects to derive the full benefit of this drug in the management of dysentery. At any rate, the quantity which seems to have been given elsewhere would have fallen short of any visible effect on the disease as it appeared to us. It was an imperative necessity to check, or at least to moderate, the incessant purging, and, above all, to ameliorate the intolerable suffering from tormina and tenesmus, as the patient had been worn out and exhausted, and the vital powers had succumbed." "I have observed that small doses are more apt to excite the brain and nerves, while the larger seem to act as a sedative. Opium was also a grateful stimulant, particularly in the latter stages of the disease, maintaining the equilibrium of the circulation, and diffusing a general glow over the whole body. It thus enabled us to bleed, sometimes, in the early stage, where the pulse would not otherwise admit it. By subduing the erythism of the system, it secured us the chances of blistering, where otherwise it would not have been tolerated. But, above all, it gave us the stimulus of hope. In almost every stage of dysentery we have not so much the brain affected as great mental anxiety and despondency."

In the next paper, Dr. J. McF. Gaston gives the description of an "*abdominal spring pessary*," with drawings illustrative of its construction and application. This pessary is a combination of the stem pessary with the abdominal sup-

porter; the two being united by a spring, which passes downwards from the front piece of the supporter, and curves backwards to be attached to the lower end of the stem pessary. The material of the pessary is silver, hollow within. Below it is a mere tubular stem, of  $\frac{3}{8}$  inch diameter, which gradually enlarges as it ascends, terminating in a hollow bulb, depressed above and anteriorly, so as to form an oblique concavity, with a rounded rim  $6\frac{1}{2}$  inches in circumference. In the depression above there is an opening, from which a tube passes downwards, and out at the lower extremity of the stem. The length of the pessary on its posterior face, from the rim of the bulb to the extremity of the stem, is  $4\frac{1}{2}$  inches, and on its anterior face  $3\frac{3}{8}$  inches. The difference of length on the two faces results from the obliquity of rim of the concave surface, and a slight curvature forwards of the upper portion of the instrument, corresponding with the axis of the pelvis. The largest diameter of the rim is from side to side; its front part is somewhat flattened and obtunded, to obviate collision with the rectum or bladder. An instrument of smaller dimensions may be used with good results when found better adapted to the condition of the parts. The upper portion has been also modified from the hollow bulb to a concavo-convex cup.

The experience of Dr. G. with this apparatus has satisfied him that better results are attainable with its use than from any other means which have been resorted to for the relief of prolapsus uteri and the relaxation of parts connected with it.

"When the apparatus is properly fitted to the person, and the pessary is introduced into the vagina, the neck of the womb rests in the concavity of the upper surface, and the organ is kept in its place by means of the spring attached to the stem, without any tension of the vaginal walls. In the use of all self-retaining pessaries, the vagina is so distended as to overcome its contractile powers, and increase the liability to prolapse after the removal of the instrument. Such a result does not attend this modification of the instrument; the stem is so reduced in size that it causes no dilatation of the rugous coats of the vagina, or of the sphincter. The tube, which affords an outlet to the secretions of the womb, admits, also, of the introduction of medicated injections, which come in contact with the os tincæ, and flowing over the rim of the pessary, are diffused over the entire lining membrane of the vagina. Thus the vaginal walls are contracted, and the broad and round ligaments are restored to their proper tone, and retain the womb in its normal position.

"The abdominal front piece takes off, to a great extent, the downward pressure of the intestines, and a radical cure is promoted, without the restraint and inconvenience which attend the ordinary treatment for prolapsus uteri. Instead of long confinement to the horizontal position, with its concomitant atonic condition of the physical organization, the patient may walk and take healthful exercise in the open air while the apparatus is worn."

The value of the apparatus just described must, of course, be decided by the results of experience. We should fear that more or less irritation will be produced, in the various movements of the patient by whom it is worn, by the stem of the pessary and the external spring at the point where they are connected in the upper commissure of the vulva. We should rather expect also a downward pressure, rather than an opposite effect upon the intestines, and of course upon the womb, by the action of what Dr. G. demonstrates "the abdominal front-piece."

*Cases of pseudarthrosis*, by Dr. R. W. Gibbs, of Columbia. Three cases are related. In the first, the ununited fracture was of the humerus, about three inches above the condyles. Perfect union was effected by friction of the fractured surfaces, at the end of six weeks. This case is replete with interest throughout. In the second case the ununited fracture was situated about the middle of the right femur. Union was brought about by inserting two steel needles into the unossified callus, and by them piercing and lacerating it freely, then allowing them to remain in for eighteen days. Union took place in about four months. In the third case there was an ununited fracture of both bones of the forearm; union was effected at the end of eight or nine weeks, by a seton introduced between the fractured surfaces.

In the first case phosphate of iron, and in the second, phosphate of lime were freely administered, and Dr. G. believes had a favourable influence in promoting the union of the fractured bones.

The volume closes with the *Address of the President of the Association*, delivered at the annual meeting in 1854.

The address contains some excellent remarks on the importance of medical organization, and the means best adapted to elevate the character and promote the efficiency of the medical profession.

There is one position assumed in the address to which, however, we cannot assent. It is, that the medical profession have no right to expect that any college should require every candidate for the degree of doctor in medicine be perfectly prepared to enter upon the practice of his profession, in all its various departments; inasmuch, as to demand such a proper action for graduation would drive the students from its classes to those of other schools where they can procure the doctorate with less difficulty. Hence all that we can ask of any medical college is, that they shall make their examinations as rigid as they can be made short of driving away the students.

The medical profession have interests which are paramount to the mere pecuniary interests of any or all of the medical schools. They have an unquestionable right to require of every college that those sent forth by it bearing its diploma should be precisely what that diploma declares them to be, individuals well instructed in the theory and practice of medicine. If, before conferring the diploma, they neglect to subject their graduates to an examination, sufficiently rigid to test their qualifications for its reception, they commit a fraud upon the medical profession and the public, and bring the doctorate into such contempt that it becomes no longer a distinction worth the trouble of acquiring. No school has a right to be governed by the will of its students, so far as to lower the grade of its examinations to adapt them to their incompetency; nor can the medical profession be turned aside from its demands for a full and thorough education of all who would desire to enter its ranks, by any fear that a compliance with those demands shall thin the classes and curtail the income of any set of medical teachers.

2. The *Transactions* of the South Carolina Medical Association, at its extra meetings in July, commence with a short but pertinent address by the President, Dr. J. P. Barratt, on the objects of the Association, and the duty of its members to zealously co-operate in their accomplishment.

Then follows a brief account of dysentery, as it has occurred, epidemically, during four consecutive years, in Orangeburg and the adjoining districts. The account was prepared by Dr. Salley.

The disease, we are told, did not seem to select low, damp situations, nor was it of a more intractable character when it did occur in such localities. In 1852, it began in the most elevated portion of Orangeburg.

The grave cases were always indicated by a foul tongue, high fever, frequency of pulse, great soreness over the abdomen, the urgency of the tenesmus, and the number of the evacuations, and if there were no other bad symptoms present, the rapidity of the pulse and rapid emaciation of the patient, were sufficient to excite anxiety for the result. Hiccup was not an unfrequent symptom, but of itself, was not regarded as a grave one; but when connected with a low delirium, and a relaxed state of the sphincter ani, it was the immediate precursor of death.

In the treatment of the epidemic general bleeding was inadmissible. Mercury Dr. S. found to aggravate the worst features of the disease.

The most successful treatment, in the hands of Dr. S. and the physicians of his neighbourhood, was by saline purgatives in very minute quantities. The sulph. sodæ was generally preferred, but not exclusively.

"In mild cases, sulph. sodæ, tinct. opii, each ʒj, in six ounces of water: a tablespoonful every third hour, is a very good prescription. The super tart. potass. in ten grain doses, with one drachm tinct. opii camph. is very much such a formula as the first, and equally efficacious. Dr. S. has used, more than anything else, a powder, made by substituting the sulph. sodæ for the sulph. pot.



in the Dover's powder, and adding two drachms of prepared chalk. The dose is from five to ten grains."

Dr. S. notices, also, a combination of bitart. potass., opium, and ipecac.; ten grains of the former to half a grain of each of the latter, as an admirable remedy, both for its efficacy and convenience. It may, he remarks, be safely relied on in the first stage of a large proportion of cases.

The pulv. nux vomica Dr. S. would not recommend when the stools are all blood, or serum, or blood suspended in serum, but has great confidence in it when the discharges are composed of blood and mucus intimately combined, or of mucus alone; discharges that are always attended with a great deal of tenesmus and pain.

The spirits of turpentine he considers to be a very efficacious remedy in cases attended by frequent discharges of fluid blood. Of the nitrate of silver he cannot speak favourably in the first stage of the disease.

In some bad cases he has known the patient suffer much from dysuria, for which distressing symptom he knows no better remedy than frequent large injections of cold water.

"The treatment of infants and children must be somewhat modified. They bear opiates so badly, that if care be not taken, the remedies will destroy more than they cure. Hyoscyamus should be substituted for opium in all these cases. From half to a grain of hyoscyamus, combined with from three to five grains of sup. tart. pot., I have found to be the best and safest prescription I have ever used. A child is often quieted by allowing him to sit in a tub of water, and by applying warm fomentations to the abdomen."

In the second stage of dysentery, when ulceration has probably occurred in the large intestine, there is great emaciation; very frequent pulse; sometimes cool extremities, with the rest of the surface hot and dry; a dry and often glazed tongue; the discharges are composed of blood and mucus, or they are of a purulent appearance or contain particles of pus. The best remedies in this stage Dr. S. has found to be the spts. of turpentine and nitrate of silver. Iodine, he has reason to believe might be advantageously administered.

Dr. Salley presents a description of a very simple, cheap, and convenient *fracture bed*. It is composed of two ordinary carpenter's trestles, upon which are nailed boards of the requisite length, to support a good wool mattress, covered with a blanket and sheet. A frame of scantling is then to be made, the sides of which are to project two feet beyond the bed. This frame is to be covered by a strong piece of cotton bagging, securely tacked to the side pieces. This is to be covered with a quilt and sheet, through which and the bagging, in a proper position, a hole is to be cut. The frame is to be laid upon the bed, and upon it, the patient. When the latter has a call to evacuate his bowels or bladder, or when it is desirable to cool the parts heated by contact with the bed, two assistants can remove the frame, with the patient on it, and place beneath its two ends a trestle two feet higher than the bed, by which it will be supported as long as is found convenient or necessary.

Dr. Bailey, of Charleston, read an entertaining essay on the want of medical faith and the evils thence resulting, whether the want of faith exist in the patient as to the efficacy of medicines generally, or those employed in his particular case, or as to the skill of his physician, or the want of faith be in the physician as to his competency, or his knowledge of the true nature of any case for which he may be called upon to prescribe. The essay, though it displays neither any great depth of reasoning nor aptness of illustration, is, nevertheless, replete with common sense and every day truths too apt to be overlooked by the members of our profession.

The annual meeting of the Association in 1856, was opened by some pertinent remarks on the condition, importance, and future action of the Association, and the propriety of the entire medical corps of the State lending their co-operation in the furtherance of its objects.

To this succeeds an oration by Dr. E. T. Miles. The theme of the orator is Medical Association, its scope and advantage—the benefits derived from it by the individual members of the profession, by the cause of scientific and practical medicine, and by the best interests of society at large in the augmentation of the

means for the prevention and control of disease. Most ably is this interesting theme discussed and enforced, and most eloquently are the physicians of South Carolina urged to render it, by their acts, the efficient instrument for obviating the enfeebling separation of mind from mind, and for enabling our profession to stand forth, with dignified strength, among the formative elements of society, and prevent the intelligence, philosophical bias, and noble aspirations engendered by the pursuits and objects of the true physician to struggle, with divided energy and object, against the forward presumption of the deceitful and secret arts of ignorance and imposture—to make it the means of marshalling the ranks of those enlisted in the cause of legitimate medicine, with renewed vigour, to the work of enlightenment and amelioration.

Two interesting cases are detailed by Dr. Robert Lebbey. The first is a case of rupture of the bladder, on its posterior surface, a little below the fundus. The patient was a strong, healthy man, in the vigour of life. On descending a flight of six steps, the heel of his right shoe caught on the edge of the first step and precipitated him forwards; he made a violent exertion to save himself by which he was hurried, without falling, to the bottom of the flight of steps. No inconvenience was experienced for some ten or fifteen minutes, when the patient was seized with a violent pain in the epigastrium, extending to the umbilicus, and attended with swelling of the abdomen. In the course of the ensuing night, he voided per urethram about a gill or more of pure arterial blood. The next day his countenance was pallid and anxiously distressed, surface cold and clammy; great tumefaction of abdomen, hard and unresisting; pulse thread-like, feeble, and frequent; voice husky and hollow; intellect clear; great restlessness. The patient survived the accident nearly five days. On examination after death the rupture of the bladder was detected; the cavity of the abdomen was filled with urine and extravasated blood; no mention is made of peritoneal inflammation.

The second case is one of tubal pregnancy, with rupture of the right Fallopian tube. The sac, entire, about the size of a walnut, and filled with a limpid fluid in which floated a foetus, of between three and four months' development, had escaped into the cavity of the abdomen, where it was surrounded by a coagulum of blood of large size.

Dr. L. details, also, the history of three other cases of the accident that have occurred in Charleston within the last thirty years.

"It will be observed," the Dr. remarks, "that there is a striking similarity of symptoms in all of the four cases; and the reference hereafter, may enable the practitioner to form somewhat of a clear diagnosis of so terrible a calamity. While our art could afford no relief, yet the progress in medical research and advancement may determine positively the character of the accident."

He informs us that the symptoms of the case seen by him led him to believe it to be an attack of cholera, for which it was treated.

"The cramp in the abdomen and extremities; the serous fluid thrown up, with the alvine dejections of a similiar character, sustained such a diagnosis. These symptoms agree, in part, with Dr. Simon's case. There was, likewise, no tympanitis, and very little tenderness over the stomach; the abdomen was not swelled. In both Dr. Simon's and Holbeck's cases, there was no tympanitis, but excruciating pain when the abdominal parietes were touched. In Dr. L.'s case there were no positive symptoms, except the pallid lip that indicated hemorrhage, and this not more so than he has frequently seen in cholera patients. In Dr. Simon's case, the tube, between the place of rupture and where it enters the uterus, was nearly obliterated. This was not so in Dr. L.'s case, and, he concludes, was not so in Drs. Holbeck or Mitchell's, although they are silent on the subject."

A report of the committee on registration follows, with the draft of a bill to be presented for enactment to the legislature of South Carolina. The objects of this bill are thus concisely and accurately stated.

"1st. To ascertain the relative number and proportion of births, deaths, and marriages, in order to ascertain the progress and increase of the population.

"2d. The causes of death; so as to be able to trace the operations of natural and physical causes on the health of the inhabitants.

"3d. The season of the year, and duration of illness, and locality, where certain diseases prevail, so as to suggest means for abating them.

"4th. The age, sex, condition, colour, nativity, and occupation; in order to know how these various circumstances influence marriages, births, and deaths.

"5th. With a proper and complete record of these events in human life, are involved great public and private rights, such as claims to property, etc. etc."

The physicians of nearly every State appear to be impressed with the immense importance of securing a regular and continuous registration of the births, deaths and marriages which occur within its borders, and are moving with energy and zeal to secure its accomplishment. When will the profession in Pennsylvania awake from their apathy in relation to this matter, and be willing for their own and the public good, to give the slight amount of labour required at their hands for carrying it into effect. When the public shall become fully aware of how materially their interests will be promoted by a registration law, physicians will be compelled to do what they ought to be the first voluntarily to perform as an act of duty they owe to themselves and to the public.

*A unique case of dislocation of the patella* is reported by Dr. Wragg. It occurred in a negro, who, while engaged in loading lumber upon a boat, was caught by a loaded car, whilst in motion, and jammed against the cross-sticks on which the piles of lumber rested. A complete revolution of the patella on its longitudinal axis had taken place, so that its outer edge corresponded, nearly, to the inner edge of the articulating surface of the femur; its anterior face was turned backwards, and rested on the articulating surface of the femur; its inner edge looked outwards and a little forwards, forming a projecting edge in front and on the outside of the joint; and its posterior or articulating face was under the skin, looking forwards, with a slight inclination backwards.

Having ascertained that, in coming to its new position, the inner edge had been forced forwards and then outwards, the reduction was readily effected, by the thumbs of both hands being placed on the outer and under edge of the projecting border of the patella, while the index and middle fingers were pressed against the other border, in a direction outwards and backwards, and force being applied with the view to roll the bone over into its place. The first effort failing, a bystander was directed to pass his hands under the knee-joint, and make forcible and intermittent flexion of the leg. In a moment, the bone performed an evolution, slipped into its place, and the man rose up and walked. He experienced no further inconvenience; the ligaments, cartilages, and investing membranes of the joint having received no injury from the extensive displacement of the patella.

3. The *Transactions* of the sixth annual meeting of the Medical Society of the State of North Carolina present, first, a report on surgery by Dr. N. J. Pittman. It comprises a series of interesting cases, that occurred in the practice of the reporter. Among these we would notice, especially, a case of vesico-vaginal fistula, of eight months' standing, operated upon according to the method of M. Jobert, with very promising success. A case of compound fracture of the left scapula, from a violent blow on the shoulder, treated by Desault's apparatus for fractured clavicle. A perfect union of the fracture ensued, without deformity or any impediment to the motions of the arm remaining, and a case of perineal fistula, of five years' standing, operated on by freely laying open the sinuses, and removing as much of the integuments as seemed advisable. Dressings of lint and cold water were applied, and perfect rest enjoined. The case is still under treatment, and, so far, doing well.

This report is followed by an address, delivered by the same gentleman, on the "Nature of Auscultation and Percussion as a Means of Diagnosis in Disease." The subject is treated with great ability and clearness. The advantages to be derived from these means, for the physical investigation of disease, are strongly insisted on, and the necessity of every practitioner becoming familiar with their mode of application pointed out. With great propriety, Dr. P. points to the necessity of the introduction into our language of a plain nomenclature of auscultation. It would, certainly, greatly facilitate a more general resort to it in the investigation of the diseases of the chest and its viscera.

The next report is by Dr. W. H. McKee. It comprises a case of confluent smallpox, of a very bad character, in which Dr. M. was induced to employ the muriated tincture of iron, from having seen it used with so much success in erysipelas.

"The patient," he remarks, "may have recovered without anything, but as his case was a bad one, and he recovered so promptly, I thought it not amiss to mention it here. Neither the pain in the head nor the delirium should deter the physician from giving the iron, either in smallpox or erysipelas, as I can safely say it is by far the best remedy I have ever used in phlegmonous erysipelas." "If, on further trial, the muriated tincture of iron should be found to possess as much therapeutical virtue in the treatment of smallpox as it does in the management of erysipelas, it will relieve the profession, as well as the community, of some of its terrors."

Dr. M. also reports three cases of puerperal convulsions, in which injections of spirits of turpentine appeared to have the effect of suspending the convulsions, and, at the same time, in producing labor when the functions of the uterus were apparently suspended.

In reference to the dysentery that prevailed, with the ordinary symptoms, more or less, in Raleigh, and the surrounding country, throughout the year 1854, Dr. M. remarks, that the treatment most successful in his hands was the saline and opiate. He used very little calomel, or mercurials of any kind, as they appeared rather to irritate than soothe the disease. In all cases of long standing, he found the nitrate of silver, in grain doses, with a half to a grain of opium, every four or six hours, to give prompt relief.

The scarlet fever and measles, which prevailed during the same period, were, in some instances, so hybrid in their appearance, that it was difficult, in the early stage of the attack, to discriminate between the two, and it was only in the sequel that the real character of the disease was developed. In some cases, the scarlet fever assumed, in its initiatory stage, a congestive type, resembling a chill, accompanied by gastric fever. The patient, instead of presenting a scarlet appearance, would be pale, labour anxiously for breath, and vomit; in a short time, the bowels would become relaxed; cold, clammy perspiration, and death, soon closed the scene. Dr. M. saw some few cases of a putrid or malignant character.

"The winter of 1854," Dr. M. informs us, "was the driest and coldest known for years, and yet, pneumonia prevailed to a much more alarming degree than it had for some time. About the middle of January, 1855, it first appeared as an epidemic. It was not confined to any particular class of citizens, but prevailed generally, attacking, in some instances, nearly all in a family, and, in others, only one. In many cases, the patient would be taken suddenly, and complain of violent pain in the head, which would be followed by stupor, cold extremities, hot head, leaden appearance of the skin; pulse small, quick, 120 to 140; breathing quick and short, bowels as often loose as bound. If nothing was done for the patient at this stage of the attack, he would gradually rouse up in twelve hours, and often express himself as feeling much better, and ask for something to eat, and, if allowed to do it, would eat a hearty meal; but soon after, fever would set in, with delirium, and, in some instances, raving. Most of the cases Dr. M. saw in the country, were, at this stage of the disease. The treatment consisted in giving a dose of Epsom salt in some warm, red pepper tea. This, in a short time, would vomit freely, unloading the stomach, and operating several times on the bowels. Afterwards, a decoction of seneka and liquorice-root was given, in tablespoonful doses, every two hours; flaxseed tea, acidulated with lemon-juice, being allowed freely as a drink, with, occasionally, a teaspoonful of equal proportions of oxymel and compound syrup of squills, to aid expectoration, and, at night, a dose of morphia, to procure sleep. If the pain in the side was very acute, cups were applied. The head was only relieved by shaving the top, and applying a blister. Some other cases Dr. H. treated with quinine and hive syrup, as an alterant and expectorant. In every instance, he had to use stimulants at some stage of the disease. In not a single instance was he able to employ the lancet. If the patients survived the

ninth and eleventh day, they invariably recovered. The deaths took place, generally, on the fifth, sixth, or ninth day of the disease."

Speaking of chronic intermittent fever, usually accompanied with a chloro-anemic condition, and indications of dropsy, and enlarged spleen, Dr. M. states that quinine and muriated tincture of iron will, in most cases, effect a cure, if given three times a day for two or three weeks. The combination will sometimes be rejected by the stomach, especially in children. When this is the case, he has found the following equally successful: grains 60 of quinine, and grains 180 of phosphate of iron, intimately combined, and divided in 36 parts, of which one is to be given to an adult, in syrup or water, three times a day, and to children, in doses adapted to their age, until the whole is taken.

These *Transactions* close with the valedictory address of the President, Dr. J. H. Dickson. Its subject is the dignity, scope, and importance of the profession of medicine; a theme which the writer enforces with commendable zeal, and no little force and eloquence.

4. The *Transactions* of the State Medical Society of New York open with an able eulogium on the life and character, and professional labours, of Dr. Theodric Romeyn Beck, by Dr. F. H. Hamilton. It presents a very interesting memorial of one distinguished by his indomitable perseverance, his ardent devotion, his honesty of purpose, and excellent talents, who, during his lifetime, occupied a high rank in the scientific world, and whose name will be handed down to posterity, if by no other of his publications, by, at least, his *Elements of Jurisprudence*.

The second paper is a report on "Tuberculosis and Tubercular Pneumonia," by Dr. C. B. Coventry. Though short, compared with the vast importance of the subjects embraced in it, it is, nevertheless, replete with valuable hints and suggestions, and presents a nearer approach to a correct pathology of what have been denominated tuberculous diseases—or those associated with tuberculous depositions—than that which has heretofore been taught in the generally received practical treatises.

We prefer the denomination of tubercular pneumonia, applied by Dr. C., to the disease of the lungs known as tubercular phthisis, consumption of the lungs, pulmonary tuberculosis, etc., inasmuch as it more clearly expresses the true character of the affection, which is, in fact, pneumonia modified in its phenomena and progress by its occurrence in subjects labouring under pulmonary tuberculosis. It is very certain that tubercles may exist in the lungs for a long time without the occurrence of inflammation, and without undergoing the process of softening.

"We usually find consumptive patients refer the commencement of the disease to some definite period when they have suffered from some unusual exposure, or when, as they term it, they have taken cold. Perhaps they are more correct than is generally imagined. When tubercles exist in the lungs, any of the ordinary causes of pneumonia are sufficient to excite inflammatory action. We have no proof that tubercles produce inflammation in the lungs; but when inflammation is excited by other causes, they aggravate the difficulty, and increase the danger, in the same manner that meningitis, in children, is rendered more dangerous and fatal by the existence of tubercular deposits. The presence of tubercles may be properly considered as constituting a predisposition, and then slight causes, which would not be injurious were the lungs in a healthy condition, may be sufficient to excite disease."

It is, we are persuaded, by the study of pulmonary consumption in this light, that satisfactory results can alone be arrived at, in reference to its prophylaxis and proper treatment.

"The history of phthisis is sufficient to demonstrate the importance of a correct diagnosis of tuberculosis of the lungs. We find not only many different affections have been confounded under the general name of consumption, but that many of the ablest writers have differed as to what actual pathological conditions should be embraced under this general term. The term phthisis pulmonalis signifies simply a general wasting and exhaustion, consequent on pulmonary disease, and may embrace chronic bronchitis, chronic pneumonia,

or pleuritic effusions, as well as pulmo-tuberculosis. In point of fact, the two first are almost invariable concomitants of the latter when it proceeds to a fatal termination, and even pleuritic effusions are not unfrequent in the advanced stage of pulmo-tuberculosis. The danger from these different affections is very much increased from their connection with tuberculosis. To distinguish tuberculosis from other affections, and to determine how much is to be attributed to the one, and how much to the other—to be able to say whether the disease is simply chronic bronchitis, which has so often been mistaken for pulmo-tuberculosis—whether it is simply condensation of the lungs in consequence of congestion or inflammation—whether it is suppuration as a consequence of simple inflammation—whether there is pleuritic effusion, and, if so, whether it is the consequence of simple pleuritic inflammation, or complicated with diseased structure of the lungs, are questions of vital importance in forming a diagnosis and prognosis in this disease. It is, however, sufficient for all practical purposes to divide it into three stages; the first, embracing the period of simple tuberculosis, without any evidence of inflammatory action; the second, after inflammation has supervened—as true tubercular pneumonia; and the third, after softening and suppuration have taken place, with expectoration of purulent and tuberculous matter.”

Of the several signs or symptoms by which the diagnosis of these different conditions is to be determined—the physical and the rational, Dr. C. has presented a concise, but clear and instructive outline.

The sketch of the treatment demanded, as well for the arrest of the tuberculous dyscrasy of the pulmonary tissues, as for the cure of the inflammation occurring in lungs affected with tuberculosis, presented by Dr. C., is based exclusively upon the results of his own personal experience. The treatment laid down by him is, we are convinced, rational and judicious. It corresponds, in its general outlines, with the plan we have ourselves pursued for many years, and with such results as justify our unshaken confidence in it. If we hope to lessen the mortality—alleviate the sufferings, or prolong the lives of our consumptive patients, it must be by a careful study of the pathology of the disease so as to acquire correct views as to its character and causes, and by a system of treatment based upon the teachings of general therapeutics, with an entire abandonment of all reputed specifics, and of all plans of medication founded in a gross misconception of the morbid conditions it is our duty to remove.

The third article is a report, by Dr. Thomas W. Blachford, on rest, and the abolition of pain in the treatment of disease.

The importance of rest in the treatment of all acute diseases, has long been recognized by every observing and skilful physician, and strongly enforced in the leading medical works of a recent date. In the various acute affections of the head, thorax, abdomen, pelvis and limbs, and in nearly all fever, our remedial measures must be aided by perfect rest, or we shall fail in procuring from them their desired results. The same holds also in respect to dysentery, diarrhoea, hemorrhage, and many other diseases. It is true, as is properly remarked by Dr. Blachford, that there are a numerous class of ailments, having their origin in long-continued sedentary habits, confinement within doors, and deficient or unnutritious food, in which regular out-door exercise, active or passive, according to the condition of the patient, and graduated in its kind and extent by his capability of undergoing it, constitutes an important therapeutical agent, without which a cure can scarcely be anticipated.

To abolish pain is one of the important missions of the healing art. It in many cases can be accomplished only by the cure of the disease by which it is produced, and with which it is as intimately connected as the effect with its cause; so long as the latter exists must the former continue. Pain is not always, however, to be abjured. In many affections, especially those of internal parts, it is the voice of nature's sentinel, disclosing the condition within, and could we succeed in abolishing it, we should place ourselves in the condition of one in a labyrinth, extinguishing his lights that he may grope his way in the dark. If, however, the physician may not always aim at the sole object of abolishing pain, it is his duty always to use every proper means for its abatement. This he often affects by placing his patient or the organ chiefly affected in a state of

perfect rest; by encouraging, by prudent and admissible means, sleep at proper intervals, and, generally, by the employment of the remedies adapted to remove the pathological condition of which the pain is a consequence. In very many cases he has it in his power to alleviate pain by the opportune and judicious employment of opiates, narcotics, or other anæsthetic agents internally, or locally to the external parts which are the seat of pain.

The entire subject of rest, and the abolition of pain in the treatment of disease is one of great importance. The report of Dr. Blachford presents a series of interesting hints in reference to it. The subject is not, however, discussed as fully and satisfactorily as we should have desired.

The fourth article is on the treatment of pneumonia, by Dr. Saunders. This is a very short paper. Dr. S. has seen but three cases of the disease during the last two years, which, in his judgment, were of so grave a character as to require bleeding.

"My usual treatment," he reports, "is solution of tart. ant. et potass., with some form of anodyne, in mucilage and sugar. I as often use the tinct. of opii and camphor, with antimony, as any other preparation for adults, and the ext. belladonna for children, combining them in sufficient quantity merely to allay irritation. I scarcely have a severe case of this disease, and were it not for the opportunity I have of knowing cases treated homœopathically, I should be inclined to think that the severe cases did not belong, as a general thing, to the region in which I live. I occasionally use calomel, and sometimes blisters, with apparent good effect."

The fifth article is on malignant pustule, and scrofulous gangrene, by Dr. Howard Townsend, of Albany. Two cases of what the writer denominates scrofulous gangrene, are detailed. They both occurred in children, females, both under three years of age; inmates of the Orphan Asylum of Albany. The first case strongly resembled gangrenopsis; in the second, the disease, in place of being located in the centre of the cheek, was at the outer angle of the left eyebrow. It commenced with a red pimple, from which was developed an ulcer of a dusky, almost purplish red hue, with a dry, hard, gangrenous spot in the centre; with thirst, loss of appetite, diarrhœa, and fever; but without any gangrenous affection of the gums or mouth. Both cases terminated fatally. This disease seems to Dr. T. to be a peculiar form of inflammation and ulceration, superinduced by the strumous diathesis of the patient, and which could scarcely be developed in an individual of full, robust health, and free from all scrofulous taint.

The sixth article is the history of foetation, from coition to parturition, by Dr. Thomas Goodsell. The paper is an interesting one—conjectural, as must necessarily be the case, in treating of a vital process, or series of vital processes, from the careful observation of which we are completely shut out. We cannot spare sufficient space on the present occasion to present an analysis of it, and feel no inclination to attempt a criticism of the views advanced by the author.

The seventh article is an able account of encysted osseous tumours, or those consisting of a thin secreting membranous cyst, developed in a cancellous structure, and surrounded by a thin bony wall; by Dr. Alden March. This, like all the contributions of Dr. March, is of a strictly practical character. The account he presents of the peculiar and rather unfrequent form of disease which is the subject of the paper, is from personal observation, and the writings of Baron Dupuytren. It will be read by the surgeon with equal interest and profit.

A short paper by Dr. J. L. Phelps, follows, intended to show that the mode of reducing dislocations of the femur backwards and upwards on the dorsum of the ilium, by a peculiar movement of the limb, which has recently attracted attention in consequence of the paper read by Dr. Reid, of Rochester, at the session of 1852, and subsequently claimed as having originated with Dr. Nathan Smith, who demonstrated it before the class in Yale College, in the course of 1815-16, was performed by Dr. Physick as early as January, 1811, in the Pennsylvania Hospital.

The ninth paper is the history of a case of chronic nephritis, resulting in dis-

organization and entire absorption of the substance of the left kidney, communicated by Dr. G. J. Fisher, of Westchester County. Few details could be collected of the previous history of the case of a satisfactory character. In the place of the left kidney was a sac filled with fluid, slightly turbid, resembling urine that had been voided several hours. The sac was of the same general outlines as, but much larger than, the kidney, with a cord extending from it to the bladder, being the obliterated ureter. The right kidney was slightly softened. The liver and spleen hypertrophied and enlarged. The patient was a convict, of intemperate habits, 56 years of age. He was subject to frequent attacks of pain in the lumbar region; his extremities were cedematous; and he had for years been affected with a degree of nervousness, which, for some time previous to his death, amounted to complete chorea.

The closing article is a biographical sketch of Dr. Thomas Brodhead, an old and respectable physician of Columbia County, N. Y., communicated by Dr. P. Van Buren.

5. Pursuant to an invitation addressed to the members of the medical profession throughout the State of California, a convention, composed of a numerous delegation from the various sections of that commonwealth, assembled in Sacramento City, on the 12th of March, 1856, and organized the State Medical Society of California, with auxiliary societies in each town or county. The proceedings of that convention and of the first meeting of the State Society are before us. They show that a right spirit animates the body of the profession there, to secure to themselves an entire coöperation, and the cultivation of that friendly intercourse which should ever be manifested between those engaged in common pursuits having for their objects the alleviation of suffering, the development of the physical energies, and the prolongation of the lives of their fellow men—laying thus the foundation upon which must be based, in the first instance, the means for the amelioration of the condition of every community, and their advance in civilization, refinement and happiness. Without which coöperation and fraternal feeling the proper standing, and the true and legitimate interests of the medical profession can never be attained, while its individual members, isolated from each other, and regardless of the rights and interests of other physicians—striving to promote their own popularity and pecuniary success without reference to what is due, in an ethical point of view, to their fellow practitioners, bring themselves into merited contempt, and lower the entire profession in the estimation of the public. The physicians of California have taken the proper steps, and in a proper direction, to advance their common good, and to place themselves, as a body, in their true position in society; and at the same time, by a combined effort, each member within his field of observation, doing his share of the work, to present, in the investigation of the etiology, character, progress, treatment, and results of the endemic and epidemic maladies of California, a valuable contribution to the common stock of medical knowledge.

D. F. C.

---

ART. XIV.—*Reports of American Institutions for the Insane.*

1. *Of the Maine Insane Hospital, for the years 1854 and 1855.*
2. *Of the New Hampshire Asylum for the Insane, for the years 1854 and 1855.*
3. *Of the Vermont Asylum for the Insane, for the years 1854 and 1855.*
4. *Of the Massachusetts Lunatic Hospital, Worcester, for the years 1854 and 1855.*
5. *Of the Boston Lunatic Asylum, for the year 1852.*
6. *Of the New York City Lunatic Asylum, for the years 1854 and 1855.*
7. *Of the Maryland Hospital for the Insane, for the years 1853, 1854, and 1855.*
8. *Of the Mount Hope Institution, for the years 1854 and 1855.*
9. *Of the Western Lunatic Asylum, Virginia, for the years 1854 and 1855.*
10. *Of the South Carolina Lunatic Asylum, for the years 1853 and 1855.*

1. By the report of Dr. Harlow, of the *Maine State Asylum*, it appears that the number of patients at that institution, on the 30th of Nov. 1853,

No. LXIII.—JULY 1856.

13